

L24000130155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

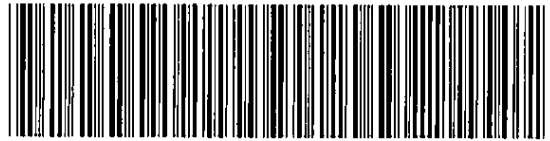
(Business Entity Name)

(Document Number)

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2024 JUL 19 PM 2:54
CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2024

JUL 19 2024

RICHARD MCCULLOUGH
2706 RAVELLA WAY
PALM BEACH GARDENS, FL 33410

SUBJECT: EXO HEALTH & HYDRATION, LLC
Ref. Number: L24000130155

We have received your document for EXO HEALTH & HYDRATION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 424A00014168

JUL 19 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXO HEALTH + Hydration
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard McCullough
Name of Person

EXO HEALTH + Hydration
Firm/Company

2704 Ravella Way
Address

Palm Beach Gdns, FL 33410
City/State and Zip Code

Rickmc75@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard McCullough , 561-846-2000
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: EXO HEALTH & Hydration, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2706 Ravelle Way
PBB FL 33410

3/15/2024

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2706 Ravelle Way
P.B.G., FL 33410

L24000130155

3. Date of filing/registration in Florida

4. Document number

5. (a) Richard McCullough
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2706 Ravelle Way
PBB FL 33410

(b) Richard McCullough
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2706 Ravelle Way
NEW Registered Office Address:
PBB FL 33410

_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Richard McCullough
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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